PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001					10/007824					
CLAIMS AS FILED - PART I (Column 1) (Column 2)					EXTT.	7 OF		THAN STITUS		
TOTAL CLAIMS OF ILA		PATI	FE		RATE	FEE	·			
POR 11/05/07	11 05 01 NUMBER FILED		ER EMPA	CASSC (	₹E 370	0.00 OF	MARIC FEE	740.00		
TOTAL CHARGEABLE CLAIMS 6 minus 2000		). C	16	X3 9		OF	X318=	1728		
INDEPENDENT CLAIMS	• • • •		15	X42	_	OF	VOA	1260		
MULTIPLE DEPENDENT CLAIM PRESENT			<b>♦140</b>							
o If the difference in column 1 is isses than zero, enter "0" in column 2						OF OF	`——	3728		
05 09 05 (Column 1)	ATOTA	lenii Lenii		OTHER	THAM.		* * * * * * * * * * * * * * * * * * * *			
Total Independent	R R PX	okumn 2) KAHEST LIMBER EVIOUSLY MID FOR	PRESENT EXTRA	PATI	AD TIO	MAL	RATE	ADDI- TIONAL FEE	-	
Total . IIb	Mirus -	116	- 0	X3 9-		/ OF	X\$18-			
Independent o	Minus 😄	18	- <i>(</i> )	. K62.	$-\int X$	OF	K80=	7.		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASM					<b>.</b>	OF	+280=	71		
			•	ADDIT, F		OR	775781			
O9 12 05 ACONT. FEE ACONT. FEE ACONT. FEE										
CAMS REMARKS AFTER AUENDMENT  Votal  Independent  Total  T	PRI	RURESY EVIOUSLY LIMBER	PRESENT EXTRA	RATE	ADI TIO	MAL	RATE	ADDI- TIONAL PEE	*	
Your o	Minus oc	118	- Ø	<b>X3 9</b>	,	OR	X\$18=			
indepandent • 2	Minus . coo	ŊŸ.	- Ø	X42-		OF	<b>X8</b> 40	·		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+140:		OR	+280=			
03/02/06				ADON. P		OR	TOYAL ADDIT, FIEE			
(Column 1)		ർണ 2)	(Column 3)	· —						
CARRY REMAINING APTER AMERCHENT	\$2 \$P\$\$	CEMEST NEXBER EVIOLESLY ALD FOR	FRESENT EXTRA	RATE	ADI TION FE	IAL	RATE	ADDI- TIONAL FEE		
Total o 19	Minus 🗠	116	o 🔑	<b>708 9</b> -	, ]	OR	X\$180			
Total o 19 Independent o 3	Minus 😄	15	0.0	XAZ		OR	X84=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						OR				
* If the casty in enteres 1 to town from the castry in column 2, which "of the column 3.  * If the casty in enteres 1 to town from the castry in column 2, which "of the column 3.  * If the Thigh and Number Provincely Paid For IN THIS SPACE is been from 8th, enter 20.  * ADOIT, FEE OR ADOIT, FEE OR THIS SPACE to been from 5th, order 73.  The Thigh and Number Provincely Paid For (Bott) or Independently to the beginning than the dependently bear in column 1.										
FORM PTD-COD (Rick COT) Primt and Tradument Gales, U.S. DEPARTMENT OF COMMERCE										

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Application or Doctor Number